MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/561150

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1ˢᵗ AMENDMENT IND.	AFTER 1ˢᵗ AMENDMENT DEP.	AFTER 2ⁿᵈ AMENDMENT IND.	AFTER 2ⁿᵈ AMENDMENT DEP.		AS FILED IND.	AS FILED DEP.	AFTER 1ˢᵗ AMENDMENT IND.	AFTER 1ˢᵗ AMENDMENT DEP.	AFTER 2ⁿᵈ AMENDMENT IND.	AFTER 2ⁿᵈ AMENDMENT DEP.
1	1		1				51						
2		1		1			52						
3		2					53						
4		2					54						
5		2					55						
6		2					56						
7		2					57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15	1		1				65						
16							66						
17		1					67						
18		2					68						
19		2					69						
20		2					70						
21		2					71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28	1		1				78						
29		1		1			79						
30		2					80						
31							81						
32							82						
33							83						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45	1						95						
46	1						96						
47	1						97						
48	1						98						
49		1					99						
50	1						100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			41				TOTAL DEP.						
TOTAL CLAIMS			44				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)